

JC525 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

Commissioner for Patents
ADDRESS TO: Box Patent Application
Washington, D.C. 20231

<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status <i>(see 37 CFR §1.27)</i></p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages [9 + abstract] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC §113) Total Sheets [8]</p> <p>5. Oath or Declaration Total pages [1] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <i>(for continuation/divisional with Box 18 complete)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> <u>DELETION OF INVENTORS</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b). </p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR §1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statement verifying identity of above copies </p>
--	---

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 CFR 3.73(b) Statement Power of Attorney
(when there is an assignee)
11. English Translation Document *(if applicable)*
12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. Other:

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76:

Continuation Divisional Continuation-in-part (CIP)

of prior application No. /

Group/Art Unit: _____

Prior application information: Examiner: _____

For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

[x] Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here 27752)
---	--

Name (Print/Type)	Jason J. Camp	Registration No. (Attorney/Agent)	44,582
Signature		Date	February 14, 2002

+ Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

		Complete if Known
<i>Application Number</i>	NOT YET ASSIGNED	
<i>Confirmation Number</i>	NOT YET ASSIGNED	
<i>Filing Date</i>	February 14, 2002	
<i>First Named Inventor</i>	R. L. Mangin	
<i>Examiner Name</i>	NOT YET ASSIGNED	
<i>Group/Art Unit</i>	NOT YET ASSIGNED	
TOTAL AMOUNT OF PAYMENT	(\$)	740.00
<i>Attorney Docket No.</i>	CM2502	

METHOD OF PAYMENT (check one)

The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480
 Deposit Account Name The Procter & Gamble Company
 Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17

FEE CALCULATION**1. BASIC FILING FEE – Large Entity**

Code (\$)	Fee Description	Fee Paid
101 740	Utility filing fee	[740]
106 330	Design filing fee	[]
108 740	Reissue filing fee	[]
114 160	Provisional filing fee	[]

SUBTOTAL (1) (\$)[740]**2. EXTRA CLAIM FEES – Large Entity**

	Extra Claims	Fee from Below	Fee Paid
Total Claims	[14 - 20** = [0]]	x [18]	= [0]
Independent Claims	[1] - 3** = [0]	x [84]	= [0]
Multiple Dependent	[]	= []	

** or number previously paid, if greater; For Reissues, see below

Code	(\$)	Fee Description
103	18	Claims in excess of 20
102	84	Independent claims in excess of 3
104	280	Multiple dependent claim, if not paid
109	84	**Reissue independent claims over original patent
110	18	**Reissue claims in excess of 20 & over original patent

SUBTOTAL (2) (\$)[0]**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Code (\$)	Fee Description	Fee Paid
105 130	Surcharge-late filing fee or oath	[]
127 50	Surcharge-late provisional filing fee or cover sheet	[]
139 130	Non-English specification	[]
147 2,520	For filing a request for <i>ex parte</i> reexamination	[]
112 920*	Requesting publication of SIR prior to Examiner's action	[]
113 1,840*	Requesting publication of SIR after Examiner's action	[]
115 110	Extension for reply within 1 st month	[]
116 400	Extension for reply within 2 nd month	[]
117 920	Extension for reply within 3 rd month	[]
118 1,440	Extension for reply within 4 th month	[]
128 1,960	Extension for reply within 5 th month	[]
119 320	Notice of Appeal	[]
120 320	Filing a brief in support of an appeal	[]
121 280	Request for oral hearing	[]
138 1,510	Petition to institute a public use proceeding	[]
140 110	Petition to revive - unavoidable	[]
141 1,280	Petition to revive - unintentional	[]
142 1,280	Utility issue fee (or reissue)	[]
143 460	Design issue fee	[]
122 130	Petitions to the Commissioner	[]
123 50	Petitions related to provisional applications	[]
126 180	Submission of Information Disclosure Statement	[]
146 740	Filing a submission after final rejection (37 CFR § 1.129(a))	[]
149 740	For each additional invention to be examined (37 CFR § 1.129(b))	[]
179 740	Request for Continued Examination (RCE)	[]
169 900	Request for expedited examination of a design application	[]
091 1280	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	[]
Other fee (specify) _____		[]
Other fee (specify) _____		[]

* Reduced by Basic Filing Fee Paid

SUBTOTAL(3) (\$)[0]**SUBMITTED BY**

Name (Print/Type)	Jason J. Camp	Registration No. (Attorney/Agent)	44,582	Complete (if applicable)
Signature				Telephone (513) 627-8150

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, D.C. 20231.